



Attachment No. 2

City of Ripon

Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973 GRIEVANCE FORM

Name: _____ Date: _____
Please PRINT: First Name and Last Name

Address: _____ Phone (Voice or TDD)
Home () _____
Work () _____

Designated Person to contact if I cannot be reached:

Name: _____ Relationship: _____ Phone: () _____
Please PRINT

Date you experienced a problem: _____ Nature of your Disability: _____

Please explain your concern: (e.g.: Unable to get access to a program or property due to a physical barrier, etc.)

What type of corrective action would you like to see taken? _____

If the problem involved a City of Ripon employee(s), please provide his/her name(s), if known:

If the problem involves physical access to a City of Ripon public facility, land, or right-of-way, please provide the specific address(s) of those locations: _____

If this complaint is filed on behalf of a second person, or in behalf of a group of people, please provide the names and addresses of all of the grievants, if possible: _____

Please provide the name(s) and address(s), if known, of any witnesses to the access violation or alleged discrimination: _____

Is there any other information you want the City of Ripon to know concerning this problem?

Completed By: _____ **Date:** _____

Signature

Please PRINT Name

Signature of (check one):

_____ **Observer of alleged access violation**

_____ **Victim of alleged discrimination**

_____ **Authorized representative**

Form Received By: _____ **on** _____

Print Name

Date

Grievance Form submitted: In Person, By Mail, By Telephone, By Fax, By Email